Medical Control Guideline: DRUG REFERENCE - PRALIDOXIME CHLORIDE (DuoDote™)

Ref. No. 1317.37

Classification

Cholinesterase Reactivator

Prehospital Indications

HAZMAT Exposure: nerve agent or organophosphate poisoning

Other Common Indications

Antidote to toxicity from agents (neostigmine, pyridostigmine) used in treatment of myasthenia gravis

Adult Dose

Given in conjunction with atropine as a DuoDote injection – Atropine 2.1mg and Pralidoxime Chloride 600mg (2PAMCI). Medications delivered sequentially by one syringe into 2 different areas of the muscle. Mild Exposure **DuoDote™ IM x1**

Moderate Exposure **DuoDote™ IM x2**, one after another Severe Exposure **DuoDote™ IM x3**, one after another

Pediatric Dose

Pediatric patients longer than the length-based resuscitation tape (Broselow™) should receive adult dose Pediatric patients between 3-36kg body weight, based on measurement using the length-based resuscitation tape (Broselow[™]), should be treated as follows:

Mild Exposure **Atropine** (0.1mg/mL) 0.02mg/kg IV/IM, dose as per *MCG* 1309

Moderate Exposure 1 DuoDote™ IM

Severe Exposure 1 or 2 DuoDote(s)™ IM, one after the other when applicable, based on the table

Avg. Wt. (kg)	Color	Initial Emergency Dose
4	Grey	1 DuoDote™
6.5	Pink	
8.5	Red	
10.5	Purple	
13	Yellow	
16.5	White	
20.5	Blue	
26	Orange	2 DuoDotes™
33	Green	

Mechanism of Action

Reactivates cholinesterase by displacing the enzyme from its receptor sites. The free enzyme then can resume its function of degrading accumulated acetylcholine, thereby restoring normal neuromuscular transmission. Pralidoxime also detoxifies some organophosphates by direct chemical reaction.

Pharmacokinetics

Onset is 2-3 min; peak effect in 5-15 min; duration is 2-3 hr

Poisonings with carbamate insecticide Sevin, inorganic phosphates, organophosphates with no anticholinesterase

Interactions

None

Adverse Effects

Dizziness Blurred vision **Hypertension** Laryngospasm Tachycardia

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